SCHEDULE A (FEC Form 3X)

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Full Name (Last, First, Middle Initial) STEVEN YOUNKIN Mailing Address 2443 S. Ponte Vedra Blvd City Ponte Vedra Beach FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Receipt For: Primary General Other (specify)	State Zip Code FL 32082 C Occupation MD PhD Aggregate Year-to-Date ▼	Date of Receipt 11 12 2013 Transaction ID: C29052473 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Agnes Yount Mailing Address 10031 Shortest Day Rd NW City La Vale FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code MD 21502 C Occupation Retired Aggregate Year-to-Date ▼	Date of Receipt 11 12 2013 Transaction ID : C29054155 Amount of Each Receipt this Period 500.00
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